



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: LUTHERAN MUSCULOSKELETAL CENTER

City of Hospital: Fort Wayne

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 150168

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$143188993	Contractual Allowance	\$172112505
Outpatient Patient Service Revenue	\$123799406	Other Deductions	\$0
Total Gross Patient Service Revenue	\$266988399	Total Deductions	\$172112505

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$94875894
Other Operating Revenue	\$10882
Total Operating Revenue	\$94886776

4. Operating Expenses

Salaries and Wages	\$10333534	Employee Benefits	\$2117476
Depreciation and Amortization	\$1308275	Interest Expense	\$36000
Bad Debt	\$2464151	Other Expenses	\$31929213
Total Operating Expenses	\$48188649		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$46698127	Total Assets	\$0
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$0
Total Net Gains	\$46698127		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$62262416	\$50676229	\$11586187
Medicaid	\$7518625	\$5415292	\$2103333
Other Government	\$2034943	\$1740789	\$294154
Other State	\$0	\$0	\$0
Other Payers	\$195172422	\$114280195	\$80892227
Total	\$266988406	\$172112505	\$94875901

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$284791	\$-284791

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$269040
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0